



Maryland

OPIOID OPERATIONAL
COMMAND CENTER

Racial Disparities in Overdose Taskforce

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Chair, Racial Disparities in Overdose Taskforce

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Overview of Racial Disparities in Overdose Taskforce

- Formed as an extension of the Interagency Opioid Coordinating Council in February 2021 to respond to the increase in overdose-related fatalities among Black Marylanders.
- **Mission:** Identify contributing factors influencing the increase in overdose deaths among Black Marylanders and recommend policies and programs to eliminate disparities.

Taskforce Members

**Maryland
Department of
Health**

**Department of
Human Services**

**Health Services
Cost Review
Commission**

**Housing and
Community
Development**

**Morgan State
University**

**Johns Hopkins
School of
Medicine**

**Behavioral
Health Systems
Baltimore**

**Prince George's
County Health
Department**

**Prince George's
County Police
Department**

**Maryland
Hospital
Association**

**Dee's Place
Recovery &
Wellness Center**

**Silverman
Treatment
Solutions, LLC**

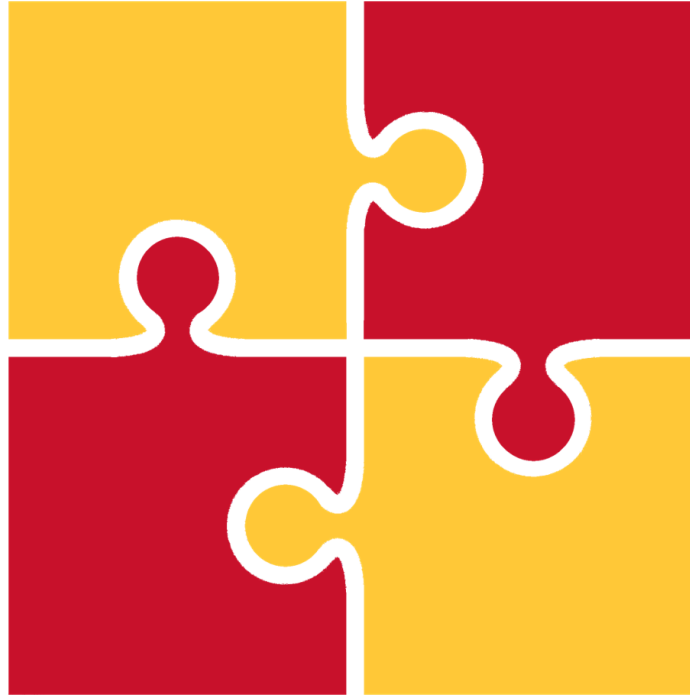
Taskforce Workgroups

**1. Data-Informed
Interventions**

**2. Community
Voices & Insights**

**3. Evidence-Based
Practices**

**4. Equitable
Resources
Allocation**



Policy and Programmatic Recommendations

Expand Low-Barrier & Holistic Access to Treatment Services

Increase Buprenorphine Access for Black Marylanders with Opioid Use Disorder

- Invest in low-barrier buprenorphine access for Black Marylanders with OUD
- Identify opportunities to increase the provision of other somatic healthcare through harm-reduction outlets, such as syringe services programs (SSPs)
- Increase comfort with MOUD prescribing by further investigating barriers for physicians
- Ensure that pharmacies are adequately stocked with buprenorphine

Expand Trauma Informed Care

- Promote Trauma Informed Care for people who use drugs through Adverse Childhood Experiences (ACEs) organizational assessment and trauma screenings

Reduce Stigma for People who Use Drugs

Reduce Stigma Surrounding SUD among Healthcare Providers

- Promote training on destigmatizing language for healthcare providers
- Promote adoption of person-centered language
- Promote wide-scale adoption of implicit bias training and National Culturally and Linguistically Appropriate Services (CLAS) Standards among healthcare practitioners

Leverage Individuals with Lived Experience as Credible Messengers in Key Settings

- Place individuals with lived experience with SUD in key settings

Increase Meaningful Engagement with People with Lived Experience

- Increase efforts to solicit community feedback

Increase Harm Reduction in Non-Traditional Settings

Expand the Provision of Harm-Reduction Services in Criminal Justice Settings

- Increase the provision of harm-reduction services in drug courts

Street-Based Harm Reduction Outreach

- Promote street-based outreach efforts by trusted community members to ensure supplies reach individuals at greatest risk of overdose

Embrace Innovative Mechanisms to Reach People with Harm-Reduction Supplies

- Place harm-reduction vending machines in locations where there is a high prevalence of drug use
- Increase the provision of wraparound services through harm-reduction programs
- Continue to assess other innovative harm reduction methods that can help reduce morbidity and mortality

Increase Transparency in State & Local Resource Allocation

Impact Statement on How Funding Will Address Racial Disparities

- Require impact statements that consider demographic information for grant applications
- Assess fund distribution by demographic impact

Designate Equity Coordinators

- Utilize equity coordinators to inform high-level strategy

Improve Data Collection by Race/Ethnicity

- Expand the collection and analysis of demographic data
- Share demographic data with local partners

Next Steps

- Disseminate recommendations broadly
- Coordinate with governmental and non-governmental partners to operationalize recommendations

Questions?

Contact Information

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